

California Nutrition Network for Healthy, Active Families - FFY 05 Final SAAR

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Welcome jsmith@dhs.ca.gov, to the Semi-Annual Activity Report Online Application

To print a sample of the entire SAAR prior to entering it online, [click here](#).

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SAAR On-line Form was completed and submitted on 10/1/2005 9:00:00 PM (PDT).

I. Program Information

A. Contractor Name:

B. Contract Number: **Required Field.**

C. Reporting Period:

D. Person Completing Form:

E. Phone Number: **Required Field.** (Do not include dashes. ie. 9164495400)

F. Email Address:

G. Date Completed:

H. CHANNELS your organization utilized to reach target audience: (Mark all that apply.)

- | | |
|---|--|
| <input type="checkbox"/> Restaurants/Diners | <input type="checkbox"/> Worksites |
| <input type="checkbox"/> Grocery Stores | <input type="checkbox"/> Faith/Church |
| <input type="checkbox"/> Farmers Markets | <input type="checkbox"/> Schools (K-12) |
| <input type="checkbox"/> WIC Sites | <input type="checkbox"/> Universities, Community Colleges |
| <input type="checkbox"/> Television | <input type="checkbox"/> Community Youth Organizations |
| <input type="checkbox"/> Radio | <input type="checkbox"/> Parks, Recreation Centers |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Other Community-Based Organizations |
| <input type="checkbox"/> Print (newspaper, newsletter, etc.) | <input type="checkbox"/> Indian Tribal Organization |
| <input type="checkbox"/> Public Health Department | <input type="checkbox"/> Food Closets/Food Pantries |
| <input type="checkbox"/> Healthcare Facilities (non government) | <input type="checkbox"/> Soup Kitchens/Congregate Meal Site |
| <input type="checkbox"/> Community Clinics (non government) | <input type="checkbox"/> Healthy Start/Head Start |
| <input type="checkbox"/> Senior Centers | <input type="checkbox"/> Other Preschool or Daycare (not Head Start) |

Other 1:

Other 2:

Be sure to include any channels not mentioned above. If you have no other channels, please type in the number 0.

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II. Summary of Program Activities During the Six-month Reporting Period

Network activities include all activities within the Scope of Work, as well as those that come about as a result of program activities. This means that you would report any overlap with other organizations, events or activities if your *Network* program was promoted or involved. Examples: (1) A Gardening class (which is not allowable) request *Network* materials to be handed out in the class- this is counted as materials distributed. (2) *Network* program or message is "tagged" on a Safeway paid print advertisement that was not funded by the *Network*, but the contractor organization assisted in getting it placed –count as paid print advertising.

*** When asked for impressions: If you do not know the answer, please enter "dk" (stands for 'don't know').*

A. Television Advertising and Public Service Announcements (Social Marketing Tool: Advertising):

1. Did you pay to have ads run on a television station?

☐ Yes

☒ No

2. If yes, what are the estimated consumer impressions that were generated (this should be provided by the station or a media purchasing contractor). 0 **

For Public Service Announcements (PSAs):

3. How many stations did you contact to ask them to play PSAs?

0

4. How many times did you contact TV stations to ask them to play Public Service Announcements? (# Contacts X number of stations)

0

5. How many consumer impressions did the Public Service Announcement generate, if known? (This number may be provided by the station or a media contractor)

0 **

B. Television News Coverage (Social Marketing Tool: Public Relations)

1. Did you submit any media alerts or media tip sheets to TV stations about things your *Network* program was doing in the past six months?

☐ Yes

☒ No

a. If yes, how many media alerts and/or media tip sheets did you submit to TV stations? (# of mailings X number of stations = total)? 0

2. Did you submit any press releases to TV stations about things your *Network* program was doing in the past six months?

☐ Yes

☒ No

a. If yes, how many releases did you submit to TV stations? (# of mailings X number of stations = total)? 0

II. Summary of Program Activities during the Six-month Reporting Period (Continued)

This series of questions asks you to report on any TV coverage of stories you received for local events or local news. Do not include interviews you did for state-initiated Network Spokesperson Tours (those are reported separately).

*** When asked for impressions: If you do not know the answer, please enter "dk" (stands for 'don't know').*

3. How many press releases or tip sheets resulted in a TV station airing a story?

or ☐ Don't know.

4. How many interviews were you granted by television stations?

5. How many interviews resulted in the TV station airing a story?

or ☐ Don't know.

C. Radio Advertising or Public Service Announcements Coverage (Social Marketing Tool: Advertising)

For Paid Radio Advertising:

1. Did you pay to have ads run on a radio station?

☐ Yes

☒ No

2. If yes, what are the estimated consumer impressions that were generated (this should be provided by the station or a media purchasing contractor). **

For Radio Public Service Announcements (PSA's):

3. How many radio stations did you contact? To ask them to play PSA's?

4. How many times did you contact radio stations to ask them to play Public Service Announcements? (# stations X # contacts)

5. How many consumer impressions did the Public Service Announcement generate, if known? (This number may be provided by the station or a media contractor) **

D. Radio News Coverage (Social Marketing Tool: Public Relations)

1. Did you submit any media alerts or media tip sheets to radio stations about things your Network program was doing in the past six months?

☐ Yes

☒ No

a. If yes, how many media alerts and/or media tip sheets did you submit to radio stations? (# of mailings X number of stations = total)?

2. Did you submit any press releases to radio stations about things your Network program was doing in the past six months?

☐ Yes

☒ No

a. If yes, how many releases did you submit to radio stations? (# of mailings X number of stations = total)?

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II. Summary of Program Activities during the Six-month Reporting Period (Continued)

This series of questions asks you to report on any radio coverage of stories you received for local events or local news. Do not include interviews you did for state-initiated Network Spokesperson Tours (those are reported separately).

This page requires a value for each field. If you answer "no" to any of the preceding questions, the form will automatically fill in the space with 0s. If you only conducted 1 radio remote, please fill in the remaining event spaces with 0s before continuing to the next page.

***When asked for impressions: If you do not know the answer please enter "dk."*

[Click here for a hint on prefilling form with zeros.](#)

3. How many press releases or tip sheets resulted in a radio station airing a story? 0

☐ Don't know.

4. How many interviews were you granted by radio stations? 0

5. How many interviews resulted in the radio station airing a story? 0

☐ Don't know.

6. How many consumer impressions did the radio station airing a story generate? 0

☐ Don't know.

E. Radio Remotes (Social Marketing Tool: Public Relations)

1. Did you conduct *Network* education at any radio remotes?

☐ Yes

☒ No

a. Live Remote Location	b. Radio Station Covering Remote	c. # Who Attended Event
Event 1: 0	Radio Station 1: 0	0
Event 2: 0	Radio Station 2: 0	0
Event 3: 0	Radio Station 3: 0	0

F. Paid Print Advertising (Newspaper/Magazine/Community Newsletter and Outdoor Advertising) (Social Marketing Tool: Advertising)

1. Did you place any paid ads with print media?

☐ Yes

☒ No

a. **If yes**, how many paid print ads were placed? 0

b. **If yes**, insert the total cumulative circulation:

(Circulation of magazine for ad 1 + circulation of magazine for ad 2 = total)

0

2. Did you pay for any advertisements on billboards, bus stops, or other kinds of outdoor advertising?

☐ Yes

☒ No

a. **If yes**, how many consumer impressions did the advertising generate?

0 **

3. Did you pay sponsor any unpaid print advertising such as Kiosks or Poster displays?

☐ Yes

☒ No

a. **If yes**, how many consumer impressions did the advertising generate?

0 **

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II. Summary of Program Activities during the Six-month Reporting Period (Continued)

This page requires a value for each field. If you answer "no" to any of the preceding questions, the form will automatically fill in the space with 0s.

G. Print Media News Coverage (Newspaper/Magazine/Community Newsletter) (Social Marketing Tool: Public Relations)

1. Did you submit any media alerts or media tip sheets to newspapers or magazines about things your Network program was doing in the past six months?

☐ Yes

☒ No

- a. If yes, how many media alerts and/or media tip sheets did you submit to newspapers or magazines? (# of mailings X number of newspapers/magazines = total)?

0

2. Did you submit any press releases to newspapers or magazines about things your Network program was doing in the past six months?

☐ Yes

☒ No

- a. If yes, how many releases did you submit to newspapers or magazines? (# of mailings X number of newspapers/magazines = total)? 0

3. How many press releases or tip sheets resulted in a newspaper, newsletter or magazine running a story?

0 or ☐ Don't know.

4. How many interviews were you granted by newspapers, newsletters or magazines?

0

5. How many interviews resulted in the newspapers, newsletters or magazines running a story?

0 or ☐ Don't know.

6. How many impressions were generated by newspapers, newsletters or magazines running a story?

0 or ☐ Don't know.

7. How many feature articles that your program wrote about Network activities, projects or policies did you submit over the past 6 months?

Total of feature articles submitted:

0

Total number of feature articles run:

0

H. Print Media Advocacy Efforts (Social Marketing Tool: Media Advocacy)

1. How many editorial articles or letters to the editor did you or someone from your organization submit to the editor in the past six months?

Total number of editorial articles or letters submitted:

0

Total number of editorial articles or letters run:

0

2. How many editorial board meetings at a newspaper or magazine did you attend in the last six months?

Total number of editorial board meetings: 0

II. Summary of Program Activities during the Six-month Reporting Period (Continued)

This page requires a value for each field. If you answer "no" to any of the preceding questions, the form will automatically fill in the space with 0s. If you conduct only one event, please fill in the rest of the form with 0s.

[Click here for a hint on prefilling form with zeros.](#)

I. Internet (Social Marketing Tool: Personal Sales)

1. Does your organization have a website?

☐ Yes

☒ No

a. If yes, please check the box next to any websites that your website is linked to:

☐ California Nutrition Network (www.CA5aday.com)

☐ California Project LEAN (www.DHS.CA.GOV/LEAN)

☐ California Project LEAN Teen Website (www.Ca.Project Lean.org)

J. Retail Outlet Promotions (Grocery Stores and Farmers Markets) (Social Marketing Tool: Sales Promotions)

Sales promotions provide paid and voluntary support of special events, materials, and incentives; and they work with multiple partners, especially at "point of sale" or "point of choice" to gain maximum media and consumer attention so as to stimulate interest, acceptance, trial or repeat "product purchase".

1. Did you conduct any **Network** education activities in grocery stores?

☐ Yes

☒ No

Grocery Stores

	Activity Type	# of Events Conducted at Grocery Stores	# of Participants (Consumer Impressions) for Activity Type
1.	Taste Test	<input type="text" value="0"/>	<input type="text" value="0"/>
2.	Tour of Retail Outlet	<input type="text" value="0"/>	<input type="text" value="0"/>
3.	Other promotions (i.e., handing out recipes, posters, grocery bags, etc.) Describe: <input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
4.	Other promotions (i.e., handing out recipes, posters, grocery bags, etc.) Describe: <input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

5.	Other promotions (i.e., handing out recipes, posters, grocery bags, etc.) Describe: 0	0	0
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II. Summary of Program Activities during the Six-month Reporting Period (Continued)

This page requires a value for each field. If you answer "no" to any of the preceding questions, the form will automatically fill in the space with 0s. If you conduct only one event, please fill in the rest of the form with 0s.

[Click here for a hint on prefilling form with zeros.](#)

Farmer's Market**1. Did you conduct *Network* education at any farmers' market?**
☐ Yes

☒ No

	Activity Type	# of Events Conducted at Farmer's Market	# of Participants (Consumer Impressions) for Activity Type
6.	Taste Test	0	0
7.	Tour of Farmer's Market	0	0
8.	Other promotions (i.e., handing out recipes, posters, grocery bags, etc.) Describe: 0	0	0
9.	Other promotions (i.e., handing out recipes, posters, grocery bags, etc.) Describe: 0	0	0
10.	Other promotions (i.e., handing out recipes, posters, grocery bags, etc.) Describe: 0	0	0

K. Classes (Personal Sales)

Classes are defined as a single class and/or each lesson in a series of separate lessons. Participation is the sum of individuals attending a single class or one lesson in a series. Using these definitions give a consistent measure of nutrition education class and attendance across all classes conducted.

1. Did you conduct any group or one-on-one classes?
☐ Yes

☒ No

	Classes	# of Classes Conducted	# of Participants for All Classes
1.	Nutrition Education Classes (i.e., benefits of fruits and		

	vegetables, food guide pyramid, healthy cooking class	0	0
2.	Provider Training (i.e., nutrition education curriculum training for teachers, fruit and vegetable gardening training for group leaders, healthy food preparation and safety for staff)	0	0
3.	Physical Activity Class with Nutrition	0	0
4.	Other: (Specify) 0	0	0
5.	Other: (Specify) 0	0	0

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II. Summary of Program Activities during the Six-month Reporting Period (Continued)

This page requires a value for each field. If you answer "no" to any of the preceding questions, the form will automatically fill in the space with 0s. If you conduct only one event, please fill in the rest of the form with 0s.




[Click here for a hint on prefilling form with zeros.](#)

L. Events (Social Marketing Tool: Sales Promotions)

Events include those conducted or sponsored by your Network program, as well as other venues utilized to promote your Network program and activities. Example: Network program is promoted at a health fair, but the health fair is funded by another organization – count as health fair event and enter booth attendance.




1. Did you conduct *Network* education at any events?
☐ Yes

☒ No

	Promotional Events	# of Events Conducted	# Attended Event
a.	Organized Sports Events (i.e., community basketball game, 5k fun run/walk, softball tournament)	<input type="text" value="0"/>	<input type="text" value="0"/>
b.	Health Fairs/Festivals (i.e., cultural health fair, school health fair, healthy harvest festival)	<input type="text" value="0"/>	<input type="text" value="0"/>
c.	Community Forum (i.e., hunger and nutrition forums)	<input type="text" value="0"/>	<input type="text" value="0"/>
d.	Federal Nutrition Assistance Program Promotion (i.e., food stamps, child nutrition/school meals, after-school snacks/summer meals)	<input type="text" value="0"/>	<input type="text" value="0"/>
e.	Swap Meets	<input type="text" value="0"/>	<input type="text" value="0"/>
f.	Open Houses, Back to School Nights	<input type="text" value="0"/>	<input type="text" value="0"/>
g.	Speeches and Conferences 0 	<input type="text" value="0"/>	<input type="text" value="0"/>
h.	Other: (Specify) 0 	<input type="text" value="0"/>	<input type="text" value="0"/>
i.	Other: (Specify) 0 	<input type="text" value="0"/>	<input type="text" value="0"/>

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[illegible]

0	Select Type 	0
0	Select Type 	0
0	Select Type 	0

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[illegible]

0	Select Type	0
0	Select Type	0
0	Select Type	0

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III. Materials Distribution (Personal Sales) (Continued)

This page requires a value for each field. If you answer "no" to any of the preceding questions, the form will automatically fill in the space with 0s.

[Click here for a hint on prefilling form with zeros.](#)

C. Federal Nutrition Assistance Program Promotional Materials Distributed**1. Did you distribute any nutrition assistance program promotional materials?**☐ Yes☒ No

List all federal nutrition assistance program materials distributed during this six-month reporting period. This would include promotional materials for food stamps, child nutrition/school meals, and after school snacks/summer meals. Please specify quantity distributed. *Do not include applications for services.*

Title of Material and Type	Quantity
<i>Example: USDA Food Stamp Program Brochures</i>	50
Food Stamp Brochures	0
Food Stamp Awareness Flyer	0
Food Stamp Recipes or Tip Sheets	0
"Food Stamps Work" from the California Food Policy Advocates	0
"To Your Health!" Safety Brochure	0
WIC Materials	0
FSNEP, EFNEP Materials	0
Summer Food Program Information	0
USDA Eat Smart Play Hard	0
LIA-produced fact sheet or promotional flyer for USDA meal program	0
Other (Describe): 0	0
Other (Describe): 0	0

D. Other Materials Distributed**1. Did you distribute any other *Network* materials using *Network* funds?**☐ Yes☒ No

Record the distribution of all other Network materials developed using Network funds during this six-month reporting period. These include items that were not produced by the Network or using Network money, but support the network message, such as materials from the American Heart Association or the Food Guide Pyramid. Materials are grouped by curriculum or lesson plan, promotional item (cookbook, tote bag, stadium cup, pencils with nutrition message), informational flyers or other education materials, such as a video or an

informational brochure.

Title of Material and Type	Quantity
<i>Example: total informational flyers distributed</i>	<i>10120</i>
Total Distribution of Curriculum and Lessons	0
Total Distribution of Promotional items	0
Total Distribution of Informational flyers	0
Total Distribution of Other Educational Items	0

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IV. Partnership Development (Social Marketing Tool: Partnership)

Please fill this page out completely. For Section C: please fill in any blanks with a "0" before continuing.

- A. Did a representative from your organization participate in a State-level *Network/5 a Day*, Joint Steering Committee, Advisory Group(include Policy Action Teams), or Planning Meeting during this reporting period?**

☐ Yes

☒ No

- B. Did your organization participate in a local nutrition or physical activity coalition?**

☐ Yes

☒ No

- C. List up to 5 organizations or programs you work with most often and the city where they are located:**

Ex: San Francisco Department of Public Health (San Francisco)	
1.	0
2.	0
3.	0
4.	0
5.	0

V. Formative Research and Planning During the Six-month Reporting Period

- A. Has your organization conducted a community needs assessment around the issues of nutrition or physical activity?**

☐ Yes

☒ No

- B. Does your organization have a nutrition education strategic plan and/or communication/marketing plan (besides your *Network* workplan)?**

☐ Yes

☒ No

- C. Has your organization conducted focus groups, roundtable discussion groups, or client interviews as part of program development or evaluation?**

☐ Yes

☒ No

- D. Has your organization conducted an impact or outcome evaluation of any *Network* programs or activities?**

☐ Yes

☒ No

VI. Environmental Change (Social Marketing Tool: Policy Change)

This includes environmental changes within your organization, as well as efforts to facilitate these changes among your partner organizations.

A. Has your organization worked towards changing the physical environment for physical activity, food security and healthy diet?

☐ Yes

☒ No

• If yes, check all that apply:

- ☐ Improved food choices served at functions (e.g., more fruits and vegetables).
- ☐ Replaced vending machine choices with healthier foods.
- ☐ Improved food choices in cafeteria.
- ☐ Made healthy snack/food carts accessible to the target audience.
- ☐ Limited access to soda.
- ☐ Limited access to junk food.
- ☐ Limited access to high fat milk products.
- ☐ Advocated for increase distribution and access to fruits and vegetables in local stores.
- ☐ Encouraged restaurants and grocery stores to carry culturally appropriate foods and healthier choices.
- ☐ Increased daily nutrition announcements, tips, and posters.
- ☐ Worked to improve transportation to and from markets.
- ☐ Developed, maintained partnerships between parents, community, schools, organizations to work towards environmental change.
- ☐ Increased lighting, paths and times to promote increased biking and walking.
- ☐ Initiated/ Implemented a salad bar program.
- ☐ Development or maintenance of school or community gardens.

Other: Please Describe:

0

Be sure to enter any "other" environmental changes you have completed

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VII. Policy Change (Social Marketing Tool: Policy Change)

Policies include laws, regulations and rules (both formal and informal). Examples: school board food policies banning the sale of soda and junk food on school campuses; organizational rules that provide time off during work hours for physical activity.

Example 1: Mayor Holden declared March 2001 as African American Nutrition Month in response to active involvement from Pasadena Church of God.

Example 2: Marin County Health Department assisted Lagunitas School District in developing a food policy that was adopted by the school board on July 24, 2001.

A. Has your organization worked to change any policies that pertain to healthy eating, physical activity, or food security?

☐ Yes

☒ No

• If yes, check all that apply:

- ☐ Worked with groups or coalitions that were pushing a policy agenda.
- ☐ Ratified rules about serving healthier foods at meetings, events, or in the work place.
- ☐ Passed regulations or rules that decreased or eliminated soda and junk food at child care centers and school campuses.
- ☐ Worked towards creating laws, regulation or rules limited or banning events with sponsorship by soda companies or other competitive food companies.
- ☐ Worked towards or responded to policies regarding food stamps, food security or food banks.
- ☐ Ratified rules to promote physical activity opportunities, such as walking breaks.
- ☐ Wrote or responded to legislative bills pertaining to healthy eating or physical activity.
- ☐ Passed city ordinances related to nutrition or physical activity.

Policy Changes related to Food Security (Please Describe):

0

Other: Please Describe:

0

Be sure to enter any "other" environmental changes you have completed. If you have no other environmental changes, please type in the number 0.

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